



Incident Report

Print Date/Time: 08/08/2016 09:48
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00015211

Incident Date/Time: 8/3/2016 3:34:15 PM
Location: 621 SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 499-0941
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	HILLIS, ROBERT JOHN	17617 11TH AVE Arlington WA 982239662	(425) 499-0941		Male	10/16/1969
1	Driver	VAUGHAN, SHERI LYNN	260 SIMMONS SPUR RD Kalama WA 986259875	(360) 921-2374		Female	03/09/1961
2	Driver	HILLIS, ROBERT JOHN	17617 11TH AVE Arlington WA 982239662	(425) 499-0941		Male	10/16/1969

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AKH8336	
Involved Vehicle						ANT4575	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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08/03/2016 : 15:35:52 SP0419 Narrative: RP CAR MARKED W/SECURITY COMPANY LOGO

08/03/2016 : 15:35:31 SP0419 Narrative: BLU DODGE CHARGER VS GOLD NISSAN ALTIMA, LR419

08/03/2016 : 15:35:02 SP0419 Narrative: CC, 3AGO, SB SR 9, NON BLKING PULLED INTO PKLOT, NON INJ

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E570574**CASE # **2016-00015211**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **08** - **03** - **2016** **1534** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF ☐ **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**SR 9 NE**BLOCK NO. ☒**700**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W **SR 204**

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

D: 3609212374

LAST NAME

VAUGHAN

FIRST NAME

SHERIMIDDLE
INITIAL**L**STREET
NEW ADDRESS**260 SIMMONS SPUR RD**

CITY

KALAMA

ST

WA

ZIP

986259875

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**VAUGHS1391DZ**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**03****09****1961**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**1**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**AKH8336**

STATE

WA

VIN#

1N4AL11D65C392965TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2005

MAKE

NISS

MODEL

ALT4D

STYLE

4DVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **SHERI VAUGHAN 12816 NE 81ST ST VANCOUVER WA 98682**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY #**HARTFORD 55 PHT 394290-030482**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4254990941

LAST NAME

HILLIS

FIRST NAME

ROBERTMIDDLE
INITIAL**J**STREET
NEW ADDRESS**17617 11TH AVE NW**

CITY

ARLINGTON

ST

WA

ZIP

982239662

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**HILLIRJ313PW**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**10****16****1969**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**1**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**ANT4575**

STATE

WA

VIN#

2B3LA43H28H251761TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2008

MAKE

DODG

MODEL

CHA4D

STYLE

4DVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

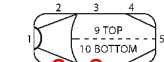
GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **ANTHONY LOMBARDI PO BOX 14892 MILL CREEK WA 98082**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY #**CAPITOL INDEMNITY CORP CP02556744-01**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

J. KILROY #0132

BADGE OR ID #

#0132

AGENCY

WA0311900

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E570574**CASE # **2016-00015211**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was traveling south on SR 9 NE approaching the intersection with SR 204. Unit 2 was traveling south on SR 9 NE approaching the intersection with SR 204. Unit 1 attempted to change lanes from the inside lane to the outside lane and struck unit 2.

Unit 1 was at fault due to interactions with front passenger. Driver of unit 1 said her son was moving his arm out the front passenger window which blocked her view as she was changing lanes.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132
08-04-16 08:09 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

W. AUKERMAN 0072
8/5/2016 9:26:02 AM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	3:36 PM	TIME POLICE ARRIVED	3:43 PM
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REPORT NO. E570574

CASE # 2016-00015211

DATE AND TIME
OF COLLISION 08/03/16 15:34

